

The idea seemed to be that as that particular column might not occupy the same ground again, it did not matter very much in what condition it was left. No thought was taken for any column which might come afterwards.

As water is only obtainable in certain places it is quite obvious that columns could only encamp near the water supply, and it must have frequently happened that numbers of columns have encamped quite close to previously occupied grounds, and at times, owing to military necessities, actually on an old ground itself.

I remember on one occasion having to drag putrid mules off our portion of the ground, and covering the fouled ground with fresh earth before we could encamp.

I do not consider that medical officers in charge of units in all cases carried out what was one of their most important duties—namely, the supervision of the conservancy arrangements. I would make the suggestion that, in future campaigns, one medical officer should be told off to each column for sanitary purposes only. He should be given a good N.C.O. of the rank of sergeant, and a staff in proportion to the size of the column. The duties of this medical officer and his staff would be:

1. To go on in advance, and with the staff officer of the column select a camping ground.
2. To choose the best water supply, and to police it.
3. To see that, immediately the column arrives in camp, latrines are at once dug by each unit, and also pits for kitchen refuse.
4. To patrol the camp, and see that no one defaecates or micturates in any other than the proper place.
5. To inspect the camp just before the column marches off, and see that the latrines and pits are filled in and all combustible rubbish burnt. A number of men from each unit would be told off for this purpose, and would not be permitted to leave the camp until a paper had been signed by the sanitary staff that the latrines, etc., of this unit were all correct.

Of course I am aware that it is the duty of every medical officer with a unit to see after every point above mentioned, but from practical experience I know that it is not always possible, owing to other pressing duties, to see after them. On this account I make the suggestion for the appointment of this sanitary staff. I am quite convinced that such an arrangement would pay.—I am, etc.,

F. J. W. PORTER, Major S. A. C.
(R.A.M.C. seconded).

Pretoria, February 22nd.

AN INTERNATIONAL MEDICAL MANIFESTO ON ALCOHOLISM.

SIR,—I do not at all accept the dilemma on the horns of which Dr. Archdall Reid proposes to pin me in his letter in the *BRITISH MEDICAL JOURNAL* of March 21st; having quite sufficiently guarded myself by the comments with which I qualified my signature of the report to which he refers.

But these personal matters are of trivial moment compared with the great question whether the offspring of drinkers are really exposed to the danger of degeneracy. That they are so is *a priori* extremely probable from the analogy of the havoc which other chronic poisons—lead and mercury—play with the developing ovum, and presumably with the germ plasma; and evidence of the fact has also been adduced from various quarters such as would satisfy most minds, though it may not amount to the absolute demonstration which Dr. Reid would postulate.

I may refer to an admirable paper by the late Dr. Demme of Berne, published at Stuttgart, 1891, carefully comparing the life-histories of ten sober and ten drunken families; a similar comparison of twelve families of each kind published in the *American Quarterly Journal of Inebriety*, 1897; a work by Dr. Legrain, on alcoholic heredity in France; a paper read by Dr. Sullivan, of the Pentonville Prison, on the children of the female drunkard, published in the *Proceedings of the Society for the Study of Inebriety* for 1900; and papers by Dr. Fletcher Beach and Dr. Walmsley, of the Darenton Asylum, the first of which deals with 430 imbeciles and idiots, of whom 136 had intemperate parents, and the latter with 27 inebriate families, comprising 212 children.

It should ever be borne in mind that the doctrine of the non-transmission of acquired characters, of which Dr. Reid is such a powerful exponent, does not cover the question, which is one of the poisoning of germinal and embryonic tissues.—I am, etc.,

Kilburn, N.W., March 24th.

T. MORTON, M.D.

THE VACCINATION QUESTION.

SIR,—I will assume for the purposes of argument that the country as a whole believes that vaccination is, if not an absolute preventive of that loathsome disease small-pox, at all events is such a moderator of its evil effects that it is desirable to obtain in some way or other a perfectly vaccinated community. It is not necessary nowadays to point out the disastrous effects of an epidemic of small-pox. The ratepayers of London, Liverpool, Sheffield, Swansea, and other large towns would, I feel convinced, be quite prepared to adopt any reasonable measures which would prevent the recurrence of the epidemics they have during the past few years experienced. The question of the day is: Can any measures be taken by the Legislature which will be likely to prevent such epidemics?

It must be apparent to all persons who have had any personal experience of the working of the Vaccination Act of 1898: that although that Act has undoubtedly made the operation less offensive to the people, yet it has at the same time done little or nothing beyond the Acts of 1867 and 1870 to ensure that every child (excluding of course those children whose parents have succeeded in satisfying the Justices of the Peace that they had a conscientious objection) should be efficiently vaccinated before it reached the age of six months—provided always that such children were in good health and were living in dwellings that were not insanitary.

The public vaccinators and the vaccination officers of this kingdom are perforce more aware than any other class of persons of the difficulties that have to be encountered, especially in large centres of population, in carrying into effect the provisions of the Vaccination Acts. In spite of all their efforts a large number of children remain unvaccinated. Disease, of course, accounts for a considerable number, but change of residence is, I venture to say, the cause of a still greater number of children escaping the provisions of the Act. I have not the figures by me at present, but I would venture to surmise that from 15 to 20 per cent. of the children are lost sight of through that cause.

Now, Sir, if the Legislature are in earnest about seeing that every child should be properly protected against the infection of small-pox, it occurs to me that the best way of carrying out such an intention is to say to the new educational authorities: Every child shall produce satisfactory evidence, before its name is entered on the register of a public elementary school, that it has been successfully vaccinated. By such a regulation one would then be successful in getting hold of those children whose parents had, from some cause or other, neglected to have them vaccinated during infancy. It is a curious fact, but true, that many parents, whilst objecting to the vaccination of their children during infancy, do not object to their being vaccinated when they reach the age of 4 or 5 years.—I am, etc.,

T. GARRETT HORDER,
Public Vaccinator.

Cardiff, Feb. 17th.

TRANSPLANTATION OF PANCREAS IN DIABETES.

SIR,—The patient referred to in my previous letters died on March 10th, the day fortnight after the operation. Death may be set down to diabetic coma. Gerhard's reaction was present on the day before death, and on some days earlier it is marked "darker than claret." The breathing was heavy rather than hurried. The patient died unconscious.

The necropsy was made by Dr. Workman, Pathologist to the Glasgow Royal Infirmary. In his report he says: "The duodenum and jejunum are large, and the valvulae conniventes are considerably hypertrophied. . . . The pancreas is large and appears quite healthy to the naked eye." Dr. Workman says he finds this hypertrophy of the intestinal mucous membrane to be the characteristic feature in necropsies of diabetes cases.—I am, etc.,

Glasgow, March 20th.

JAMES W. ALLAN, M.B.

SIR,—I notice some correspondence on a suggestion to transplant the pancreas in cases of diabetes. Why transplantation? Dr. Allan will find in the literature of experimental medicine overwhelming evidence of the futility of attempting to transplant organs, or parts of organs, from one species to another. The invariable result is either sloughing or gradual absorption. Even were human pancreatic tissue available, again why transplantation? All the evidence is against the possibility of such transplanted tissue being competent to perform its normal function, even if it should

persist for a time. In face of these facts I think it is quite unjustifiable to perform on a diabetic such an operation as that proposed.—I am, etc.,
Liverpool, March 21st.

KEITH MONSARRAT.

MIDWIVES FOR THE RURAL POOR.

SIR,—Will you allow me to point out, in answer to Mr. Alfred Wilmot's letter in the BRITISH MEDICAL JOURNAL of March 21st, 1903, giving an unfortunate experience of a village nursing association, that we must not judge of systems by isolated cases, or limited areas, otherwise I could give a very opposite experience of many years' standing in my own county. Rather let us look further afield, and note the numbers of deplorable instances, as shown in the coroner's statistics, following upon the fatal work of the untrained woman, where the doctor, alas! has been called in too late to find his skill of any avail, and compare these with the solitary ones of comparative failure, as described at Burnham.

There are hundreds of rural villages where it is impossible to count on the doctor for all the scattered cases, and some where his fee cannot be met, and some where the untrained Gamp still reigns supreme. For these our Association would provide the homely midwife, willing to act as a monthly nurse under the doctor, and trained to know, if acting as midwife, when to call him in, before anything has gone wrong. The people would not be encouraged to dispense with the doctor, and his fee would be guaranteed when his services were required.

There are, I am glad to say, many places where the doctors recognize and welcome the agency of our Association. In such as these we would begin our work, seeking his advice and direction, inasmuch as we depend upon his skill and help, and I hope that working in this spirit we shall find the borders of our usefulness enlarge, without deserving adverse criticism.—I am, etc.,

Pulborough, Sussex, March 22nd.

JOSEPHINE JOHNSTONE.

CLINICAL INSTRUCTION IN UNION INFIRMARIES.

SIR,—Sir Henry Burdett has struck the right key when in his address he enunciated the doctrine that in the interests of the patients the above should be thrown open to students. Yes, the presence of students draws forth a man's powers in a way that nothing else will. It is not that he is better than if he were not engaged in teaching, but he is manifold better. Then, again, consider the immensity of detail which students alone can carry out. Then take the student himself; it is rank dishonesty to pretend that the limited resources of the fraction of patients treated at our clinical hospitals can afford or do afford anything like material enough for the practical training of medical students. Then, again, the very class of cases in the non-clinical hospitals are more akin to those met with in every-day private practice than the exceptional ones in the picked wards of clinical hospitals.

I was truly amazed to read Mr. Perrin's remarks; surely he should have recollected that the superior respectability of clinical hospitals, as well as the superior practice of most of their physicians are entirely due to the fact that students attend these hospitals. Finally, is it not the oligarchy who have so long ruled the professional masses with a rod of iron to whom we are indebted for this degrading monopoly and exclusiveness?—I am, etc.,

Cashel, March 23rd.

THOMAS LAFFAN.

THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.

SIR,—I was very glad to see Dr. Walsham's letter in the BRITISH MEDICAL JOURNAL of March 21st calling attention to the great value of x-ray examination in the early diagnosis of pulmonary tuberculosis, his experience coincides with mine, especially in (a) the movement of the diaphragm, which in many cases is most striking, and (b) the diminution of translucency on the affected side (especially marked in the apical region where this part is affected). I have found this method of examination of most value in (1) very early cases where there are no physical signs (I have a skiagraph showing tuberculous deposit in the left lung taken six weeks before a single physical sign could be detected, although most careful examination was made almost daily by competent physicians); (2) in early cases where the physical signs may indicate only a slight amount of disease the rays will very often reveal a more extensive area of mischief; (3) to show the improvement made during or after sanatorium treatment (I have some skiagraphs showing most striking alterations after six weeks' to two months' treatment); and (4) in cases where

there is extensive disease in one lung periodical examinations should be made to detect as early as possible any deposit in the healthy lung.

I hope Dr. Walsham's letter will be the means of bringing this method of examination into more general use, as at present, unfortunately, many practitioners are extremely sceptical about its value.—I am, etc.,

Lincoln, March 23rd.

STANLEY GREEN, M.B., B.S.

EXPERIENCE OF A WOMAN DOCTOR IN THE ORKNEY ISLANDS.

SIR,—I only notice the letter of your correspondent "Just before Generous" in the BRITISH MEDICAL JOURNAL of March 14th, p. 645, in order to correct an apparent misstatement of mine.

When I said that I had never heard of a case of dismissal of a parish doctor without reason given in Orkney, I meant to say Eday, and the word Orkney is either a misprint or was a slip of the pen on my own part, as I know nothing about cases of dismissal which may have taken place in other islands.

The only case I know of in which the Eday Parish Council dismissed their medical officer a reason was given, but the medical officer in question left the island about a year before I went to it.

As my own reasons for leaving Eday were of an entirely private and personal nature, I must decline to enter upon any discussion of them.—I am, etc.,

March 20th.

C. E. O'CONNOR.

THE VIRCHOW MEMORIAL.

SIR,—Allow me to inform, through the medium of the BRITISH MEDICAL JOURNAL, all those who have kindly contributed to the Virchow Memorial, that the list of subscriptions was closed, as intended, on February 28th, and that the total, after deduction of the small expenses for stationery, amounts to £265 11s., contributed by 122 subscribers. A cheque for that amount has been sent, together with the list of the contributors by the Honorary Treasurer, the Right Honourable the Lord Avebury, F.R.S., to the Treasurer of the Berlin Committee, Herr Geheimen Kommerzienrath A. von Mendelssohn-Bartholdy.

The Chairman of the Berlin Committee, Professor Dr. W. Waldeyer, has addressed to me a letter, in which he expresses, in the name of the Berlin Committee, his very sincere thanks to all those who in Great Britain and Ireland, have contributed to the memorial. He winds up by saying that England had once more shown that she knows how to honour genuine science and its representatives.—I am, etc.,

FELIX SEMON,

Honorary Secretary.

Cavendish Square, W., March 23rd.

THE CORRECTION OF THE MEDICAL REGISTER.

SIR,—I should like to add a further suggestion to your note with regard to the notices sent out by the General Medical Council. As the question of the registration of every medical man's address is so important, not only should the notices sent out be registered, but the receipt of the inquiry form by the registrar should be acknowledged. At any rate, this should be done in every case where a change of address is notified; else how is a man to know that his change of address is duly registered?—I am, etc.,

Hounslow, W., March 22nd.

GEO. A. S. GORDON.

TRANSMISSION OF MALARIA TO MAN.

SIR,—Professor Grassi has recently published a pamphlet entitled *Documenti Riguardanti la Storia della Scoperta del Modo di Trasmissione della Malaria Umana*, which I find he has dedicated to me. The work is of a polemical character. Lest, from the fact of the pamphlet being dedicated to me, it might be supposed that I endorse the views therein expressed, I beg to say that in many instances I do not; and, moreover, that I was not consulted about the dedication.—I am, etc.,

Queen Anne Street, W., March 20th.

PATRICK MANSON.

FOOTBALL PROHIBITED IN ILLINOIS.—A Bill has been introduced in the Illinois Legislature prohibiting football in the State University and other institutions of learning supported wholly or in part by the State. The prohibition is made absolute, and any breach of it is to be characterized as a misdemeanor, the maximum penalty being a fine of 100 dollars. Not only are the students forbidden to play the college game, but presidents and faculties are forbidden to permit it.